



B1EN  
1654

PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/942,458	
	Filing Date	August 29, 2001	
	First Named Inventor	Larry A. LAREW	
	Art Unit	1654	
	Examiner Name	R. R. TELLER	
Total Number of Pages in This Submission	5	Attorney Docket Number	342312003801

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Copy of Request to Transfer - 1 page
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	3. Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Thomas E. Ciotti</i>		
Printed name	Thomas E. Ciotti		
Date	September 26, 2005	Reg. No.	21,013

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 26, 2005	Signature: <i>Lindsay Seydel</i> (Lindsay Seydel)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/942,458
	Filing Date	August 29, 2001
	First Named Inventor	Larry A. LAREW
	Art Unit	1654
	Examiner Name	R. R. TELLER
	Attorney Docket Number	342312003801

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This transfer is being made at the request of Vicuron Pharmaceuticals, Inc.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:  
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Elsa Djuardi Ph.D., J.D. Corporate Counsel for Pfizer Inc.		
Address	10777 Science Center Drive		
City	San Diego	State	CA
Country	U.S.A.		
Telephone	(858) 638-6117	Email	
Signature	<i>Thomas E. Ciotti</i>		
Name	Thomas E. Ciotti	Registration No.	21,013
Date	September 19, 2005	Telephone No.	(650) 813-5702

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 26, 2005

Signature:  (Lindsay Seydel)



PTO/SB/83 (04-05)  
Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/942,458
	Filing Date	August 29, 2001
	First Named Inventor	Larry A. LAREW
	Art Unit	1654
	Examiner Name	R. R. TELLER
	Attorney Docket Number	342312003801

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This transfer is being made at the request of Vicuron Pharmaceuticals, Inc.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:  
☐ The address associated with Customer Number:

OR

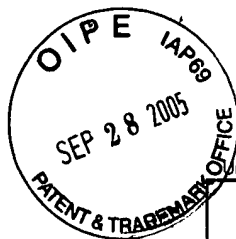
<input checked="" type="checkbox"/> Firm or Individual Name	Elsa Djuardi Ph.D., J.D. Corporate Counsel for Pfizer Inc.		
Address	10777 Science Center Drive		
City	San Diego	State	CA
Country	U.S.A.		
Telephone	(858) 638-6117	Email	
Signature	<i>Thomas E. Ciotti</i>		
Name	Thomas E. Ciotti	Registration No.	21,013
Date	September 19, 2005	Telephone No.	(650) 813-5702

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 26, 2005

Signature: *Lindsay Seydel* (Lindsay Seydel)



PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/942,458
	Filing Date	August 29, 2001
	First Named Inventor	Larry A. LAREW
	Art Unit	1654
	Examiner Name	R. R. TELLER
	Attorney Docket Number	342312003801

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This transfer is being made at the request of Vicuron Pharmaceuticals, Inc.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:  
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Elsa Djuardi Ph.D., J.D. Corporate Counsel for Pfizer Inc.		
Address	10777 Science Center Drive		
City	San Diego	State	CA
Country	U.S.A.		
Telephone	(858) 638-6117	Email	
Signature	<i>Thomas E. Ciotti</i>		
Name	Thomas E. Ciotti	Registration No.	21,013
Date	September 19, 2005	Telephone No.	(650) 813-5702

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 26, 2005

Signature:

(Lindsay Seydel)



Legal Division  
Pfizer Inc  
235 East 42nd Street  
New York, NY 10017-5755

**Tasha M. Hailey**  
Corporate Counsel

September 14, 2005

Kimberly A. Bolin, D.Phil.  
Patent Agent  
Morrison & Foerster LLP  
755 Page Mill Road  
Palo Alto, CA 94304-1018

Dear Ms. Bolin:

In connection with Pfizer's acquisition of Vicuron Pharmaceuticals, Inc. that became effective today, September 14th, please transfer all of Morrison & Foerster LLP's files relating to Vicuron matters to Pfizer. In order to ensure a smooth transition of these files, we would appreciate if Morrison & Foerster would include a content sheet in each box and courier the files to the following:

For all AF files (i.e., anidulafungin), to:

FAO Kathryn Crouch/Graham Lane, EPPD (Blg 501), Pfizer Limited (ipc 748),  
Ramsgate Road, Sandwich, Kent, CT13 9NJ, UK (tel contact 44 1304 646280 or  
44 1304 642817). Please contact Graham Lane (tel 44 1304 642817) to let him  
know him know when the boxes have been picked up.

For all other files (AB files):

We will provide an address shortly under separate cover.

Please let me know if you have any questions.

Best regards,

*Tasha M. Hailey*  
Tasha Hailey